

**EXHIBIT D**  
**CERTIFICATION TO THE INSURANCE DEPARTMENT OF**  
**COMPLETION OF COURSE**

**THIS FORM MUST BE SUBMITTED TO THE UTAH INSURANCE DEPARTMENT STATE OFFICE  
BLDG, ROOM 3110, SALT LAKE CITY, UT 84114, BY THE PROVIDER WITHIN SIXTY (60) DAYS OF  
THE PRESENTATION DATE OF THE COURSE.**

**Course**  
**Title/Name** \_\_\_\_\_

**Course No.** \_\_\_\_\_ **Number of Credit Hours** \_\_\_\_\_

**Instructor** \_\_\_\_\_

<b>Presentation Date(s)</b>	<b>Time Started</b>	<b>Time Stopped</b>	<b>Total time Spent on Subject</b>

**I HEREBY CERTIFY THAT THE FOLLOWING INDIVIDUALS SATISFACTORILY COMPLETED  
THE FOREGOING CONTINUING EDUCATION COURSE AND THAT THE SAID COURSE WAS  
PRESENTED IN COMPLIANCE WITH UTAH INSURANCE DEPARTMENT RULE R590-142.**

<b><u>NAME</u></b>	<b><u>SOCIAL SECURITY NO.</u></b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheets if necessary)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Provider**

**NOTE: PLEASE PUT COURSE  
NUMBER AND PROVIDER NAME  
ON ALL ATTACHED SHEETS!!**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Name (Type or Print)**